PTO/SB/22 (04-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)		
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		246472008500		
Application Number 10/552,707		Filed October 7, 2005		
For PROSTHETIC INTERVERTEBRAL JOINT FOR THE CERVICAL SPINE (as amended)				
Art Unit 3738		Examiner A.	M. Schillinger	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$	
X Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00	
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number O3-1952 I have enclosed a duplicate copy of this sheet. Fee — Transmittal form (PTO/SB/17) is attached to this — submission in duplicate.				
applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number				
_ Autoral & Glander # 43,636		October	3, 2007	
Signature		Date		
Barry E. Bretschneider			(703) 760-7743	
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more				
than one signature is required, see below.				
Total of forms are submitted.				